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ORIGINAL ARTICLES.

Can Society Successfully Organize to Prevect Over-Production of Defectives and Criminals?

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Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

The conditions attendant upon modern social development have produced the highest types of national and individual growth, power, education and excellence, but the wayside is strewn with failures. While the most enlightened nations show the best of intellectual and moral worth, they also exhibit the most profound mental degredation and moral turpitude. Savagery and barbarism produce comparatively less of defectives and criminals than does enlightenment and education.

There is no point of difference between savage or semi-civilized nations and those which are most enligtened and christianized than the way they treat defectives. It is conceded that the lower scale of development produces a smaller proportion of defectives than does the higher; but this will not account for the scarcity of defectives among savage nations.

When the rude solons of savagery, or the intensely practical mandarins of a higher but peculiar civilization, are confronted with the problem of defectives, they adopt a practical application of the "cui bono" theory, and require no almshouses or asylums. They knock their old men in the head, and pitch the youthful defectives into the water, or gathering euthanasia from the poppy hasten the exit of defectives by methods less brutal but no less sure.

As to criminals among inferior people, they are comparatively fewer, and are not dealt with tenderly. Certain it is, they are very little in evidence, and are little or no tax upon the public.

The sentiment of our Christian civilization, tending to preservation of defectives and criminals, imposes very heavy burdens.

It is unnecessary to dwell upon this proposition, to instance the "Juke's" family, or to demonstrate the prominent and prevading effect of heredity. None will cavil or question on these points, none will withold consent to the statement that we are burdened with an over-production of defectives and criminals.

Furthermore, we have taken the stand that defectives must be cared for in the most humane and conservative manner, and appear to hold that criminals (with but few exceptions) are entitled to put the public to great expense through the channels of jurisprudence, to serve out sentences in comparatively comfortable quarters, or to be pardoned out to again inflict their atrocities upon a long-suffering public. It necessarily follows that the defectives and criminals we have always with us at great expense. The direct cost to the public for the care of defectives, and for the prosecution and support of criminals is simply enormous and wellnigh overwhelming, to say nothing of the tremendous loss of productive capacity, and the destruction to life and property, confidence and morality. We go on building asylums, hospitals, reformatories, and prisons, and we keep them full. Imbecility, idiocy, insanity, epilepsy, deafness, blindness, incorrigibility, youthful waywardness, adolescent vice and immorality, and adult

criminality multiply apace in the land, and, startled and afrighted, well may we ask, "Can society successfully organize to prevent this most threatening and dangerous over-production of defectives and criminals?"

It goes without saying before a medical and scientific audience, that the consideration of these questions is leading to an examination of certain underlying principles, namely: sexual relations, environments, and that higher factor in human evolution, consisting essentially in the promotion and pursuit of ideals denominated "progress."

No profound discussion of these principles can be attempted, and only such elementary and casual mention of them will be made as is absolutely necessary to a very general discussion of the question upon which this paper touches.

In common with the higher species of the animal kingdom, the propagation of the human race is determined by a sexual instinct intensely domineering and imperative. It would seem that "progress," "conscious striving for the betterment of the individual and the race," ought to control sexual passion and sex relations to the extent of considering the ultimate benefit of the race. No doubt it does to some extent among the better and purer classes; but even the best of the human race, as a rule, are in this matter, led simply by personal gratification. In the economy of nature, the end and aim of sex and sex relations is simply perpetuation of the species. So far has sex relation been diverted from its proper mission, however, that it is said 40,000 abandoned women are to be found in the city of New York, and there are doubtless many more willing but illegal priesteses at the shrine of Venus. These astounding figures are far and away outnumbered by the abandoned men, by whose villainy and money this great evil is recruited and supported. And yet when I speak thus of existing conditions, I maintain that in a very large proportion of original falling from virtue the yielding woman is every whit as much to blame as the soliciting man. Though not so congregate and apparent, nor in fact so extensive, the situation in country districts is bad enough.

Physical, mental and moral attributes are derived from progenitors and ancestors with more or less variation in intensity. Defective and criminal persons are very commonly attracted to their like, and, except for certain conservative efforts of nature, would soon over-run the earth.

The present laws, requiring a marriage license from some court or other office, have no practical check upon this phase of the question. Almost without exception, anybody and everybody can get a marriage license, and if they do not, cohabitation and acknowledgement cures the legal difficulty.

Although defectives and criminals are largely and frequently illegitimately bred from the same classes, a great many recruits come from families of higher standing. One does not need to go very far along almost any family line to discover a stray sheep, if not a black one. This class of criminals may be of a higher grade, or at least show better natural powers and higher education than those from the so-called criminal classes, and a defective may be found in the same family with a genius; but they are none the less dangerous and demoralizing, and the question is no less pressing and important. Can society successfully organize to prevent over-production of defectives and criminals?

It is self-evident that there are two methods by which reproduction can be absolutely regulated. The first is by some system which shall control all sexual relations, the second by elminating sexual capacity.

There are those who claim that the first of these methods can be applied to the improvement of the genus homo. They cite the results attained by breeders of domestic animals, and urge that the methods of the stock raiser can and should be applied to the human race. But these theorists overlook certain most important and fundamental considerations.

The slow development of natural evolution is not brought about by intelligent action. It is simply the survival of the fittest, and, if I may coin a word, the "fightest." Reducing these agencies of

evolution to the last analysis, they are equivalent to the rape of the Sabines, simply a question of brute strength, in no way controlled or guided by any other sentiment than personal gratification—the one controlling impulse of the modern rapist. The improvement and development in the domestic animals cited by the theorist has never in any degree resulted from intelligent efforts of the animals themselves, but from their complete subjugation and control by a race of far higher intelligence. Were the human race held by some still higher order of beings in a subjugation as remorseless and complete as the control of the domestic animals by man, the methods of the stock raiser could be applied to human development. But the tendency to personal gratifications, and the disinclination of the individual to sacrifice himself for the public good, interposes a well-nigh insurmountable barrier to any general progress along these lines. And yet I have known of a few persons who deliberately and intelligently sacrificed themselves for the benefit of the human race.

There are two phases of this subject, the criminal and the defective. My friend and confrere, Dr. Evarts, for many years superintendent of the College Hill Sanitarium (for insane), read a paper February 27, 1888, before the Cincinnati Academy of Medicine upon "Asexualization as a Penalty for Crime and Reformation of Criminals." He urged the asexualization of all convicts (including both sexes) whose crimes, circumstantially considered, indicated a constitutional depravity transmissible by descent from parents to offspring. "Public sentiment might not now sustain such an innovation. The public sentiment of the future is destined to be more and more informed by science, and will eventually adopt its suggestions in matters of state-craft and social economies, including criminal jurisprudence, as well as all other affairs of life.

"This world with its inhabitants is gradually but surely moving into a new and more brilliant light, and freeing itself from the shadows of ancient errors and modern superstitions. Already the hill tops of science are luminous, and men of intelligence and learning no longer dwell in an atmosphere of gloom peopled with imaginary beings, gods and demons, and multitudinous ghostly survivals of ancestral chimeras, standing in the relation of invisable causes to all visible effects; but moving ever on and up toward the greater light, realize the fact that with every step taken vision becomes clearer and more comprehensive, and that positions may be occupied to-day with safety that but yesterday seemed to be dangerous, if not inaccessible."

Dr. Stuver, of Texas (*Texas Medical Journal*, November, 1896), considers both the criminal and the defective division of this subject under the title, "Would Asexualization of Criminals, Sexual Perverts, and Hereditary Defectives Benefit Society and Elevate the Human Race?" His conclusion that the race would be benefitted and elevated is formulated as follows: "1st, By removing or modifying their exciting causes and favoring circumstances it (asexualization) would greatly limit the dissemination of disease, vice and crime. 2nd. It would furnish a human and rational punishment for a large and continually increasing number of criminals, and satisfy the demands of justice. 3rd. Owing to the innate repugnance toward this condition, it would be a powerful deterrent, and thereby limit the prevalence of crime, and protect society against the criminal. 4th. By removing the procreative capacity of defectives and criminals, it would do more to diminish their numbers, and protect society against their ravages, while at the same time raising the physical, intellectual and moral standard of the race, than all other punishments combined. 5th. It would be the human and rational method of treating these classes, because it would protect them against harsh and brutal punishments, and by removing the cause of their obliquities transform many of them into useful and productive citizens."

That this procedure would be effiacious, I promptly admit. But is it practicable? Can society combine to carry it out? What

tribunal is sufficiently pure and unbiased to be intrusted with the carrying out of these recommendations?

I believe no punishment can be too severe for the villain who violates young girls by a brutish force, which not unfrequently results in death. Hanging is certainly too good for him. If castration, even including that ablation which is deemed essential in the preparation of an Eastern Eunuch, be a worse punishment than death, it should be legally substituted for judicial or riotous hanging. But the same punishment ought to be served all along the line, and not be limited to "buck niggers" or poor whites. The thousands of abandoned men, the designing villains who betray unwary maidens, and the titled aristocrats who bargain with the procurers for fresh victims every few week, should all be included in the same category.

The petty thief who makes a living by picking pockets or tipping tills would occur to every one as a typical criminal whose asexualization would be a benefit to society. But what of the villain who deliberately wrecks a railroad that he may buy up the holdings of the widow and the orphan at a mere pittance, and after due manipulation sell at a fabulous advance?

So too, the highwayman who secures sums from his victims; but what of the manipulators who "holds up" a municipality or the public?

But it is unnecessary to continue comparisons. When the far-reaching effect of even-handed justice is considered, we cannot fail to be impressed with the magnitude and present impracticability of such an undertaking. The same difficulty will be found in dealing with defectives. The principle can be applied to friendless paupers, but to follow it out through all the ramifications of heredity, when genius and insanity, brilliancy and imbecility, the sturdiest mental and moral tone, and the most profoundly demoralized inebriate and morphomaniac are found side by side, will be impossible.

A "Mothers' Congress" has lately been held in Washington for the purpose of considering the still small voice of childhood. President Birney said in her opening address, "Let mothers, fathers, nurses, educators, ministers, legislators, and the mightiest of all in its swift, far-reaching influence, the press, make the child the watchword and ward of the hour; let all else be secondary, and those who live to see the year 1925 will behold a new world and a new people. Untiring, universal, individual effort, with such organization only as may prove helpful, will build a bridge upon which a struggling humanity may safely cross into a new world, leaving forever the old, with its unending reformatory methods and its shattered homes."

In a paper upon "National Training for Women," by Mrs. Sallie A. Cotton, of Falkland, N. C., it is said, "Scientific motherhood means more than a casual thought can grasp. It means a grander, nobler race, an altruistic humanity which shall fit the earth for the Savior's advent. It means the reformation of the drunken, the redemption of the criminal, the repentance of the murderer, the abolition of asylums for the blind, dumb and insane. It is evident that woman's most imperative duty to the government under which she lives, is to supply a population composed of the highest types of men and women, and it is equally evident that a scientific motherhood is necessary to the proper performance of this duty.

"But all duty is reciprocal, and it is the duty of the government which seeks the wellfare of its people to offer to its women an opportunity for the attainment of this scientific motherhood, which will be fraught with so much good to the nation. Scientific motherhood will give no marked impetus while restricted to a fortunate few. It can be done through the establishing by the government of a national training school for women, where the women of the nation shall be trained in the science of domesticity and peace, just as at West Point and Annapolis the men are trained in the science of war. In this school women should be taught the highest domestic science in all its ramifications. She should be taught applied chemistry, sanitation, disin-

fection, the prevention and cure of disease, the care of infants and their foods, the application of science to all departments of household labor, and the mysteries and possibilities of heredity."

The carrying out of these ideas is an immense undertaking, and they who thereby expect to "behold a new world and a new people" in 1925, are woefully extravagant and visionary. Besides, "scientific motherhood" is but one-half of the question. Fatherhood needs developing along lines not only scientific, but along lines of purity and morality. Society of almost every grade expects the wife to bring purity and innocence to her martial responsibilities, but it is permitted to the husband to have sown wild oats, and to have reaped disease well-nigh sure to be transmitted to wife and child. The Mothers' Congress limited their discussion to scientific motherhood, but untainted fatherhood is equally important, and should receive equally studious consideration from the parental sex, if improvement of the race is sought.

It is impossible to put on paper all the thoughts germain to this subject which have been in my mind since beginning this paper. I must content myself with these somewhat disconnected but suggestive ideas, and proceed to formulate my answer to the question, "Can Society Successfully Combine to Prevent Over-production of Defectives and Criminals?"

Society can begin, something can be done; but obstacles are so varied and so powerful that neither 1925 nor 2025 will see the work accomplished. It is true the "hill-tops of science are luminous," but the valleys are deep and dark. It is not wise to hold out expectations which cannot be realized. But something must be done. Let all these concomitant conditions have careful and scientific, not sensational, consideration. Public sentiment must not be violently strained. Confidence is a plant of slow growth. As scientists, we can have no sympathy with lurid demagogical utterances of political speakers, as conservators of an intelligent and healthy public sentiment, which will gradually compass the best interests of the race, we cannot advocate such wholesale indiscriminate asexualization of criminals and and defectives as has been proposed: Such radical and extreme measures would result in revulsion and uprising against the whole project. What can best be done?

Having given this subject much thought, having felt the pulse of the public in both the radical and conservative arteries, and having for many years been connected with the care of a certain class of defectives my conclusions are as follows:

1. Asexualization of criminals and defectives, and those who have inherent tendencies to the production of these classes would result in great improvement of the human race.

2. The practical difficulties which would be encountered in attempting to carry out this theory, with that disregard of fear or favor necessary to its success, are at present insurmountable.

3. The difficulties can only be surmounted by a slow process of education in which scientific motherhood, untainted fatherhood, the same code of morals for both sexes, the universal acceptance of the golden rule, and the utter subordination of the individual to the wellfare of the public, are foundation principles.

4. When such education of the world shall have been accomplished, the millennium will be at hand.

DR. JOHN B. HAMILTON, editor of the *Journal of the American Medical Association*, has been appointed superintendent of the asylum for the insane at Elgin, Ill.

THE selection of Denver for the next place of meeting of the American Medical Association will meet the approval of western physicians, and will result in a great accession to its membership. It is not always possible for those who are eligible and desire to become members of the association to take an extended trip for the purpose, and it is wise to hold the meetings at various points to accommodate as many as possible.

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Medical Literature Past and Present.

If we compare the literature of the present day with that of the past it would seem that diseases are changing, in fact that we have an entirely new repertoire, and we can predict a greater change for the future. People are so much impressed with this idea that they consider the "new fangled appendicitis" an invention of the surgeon. They do not seem to understand that with the advance of medicine there has been a clearer perception and more acute understanding of symptoms and pathology, and that many of the new diseases are simply a more accurate diagnosis. People as a rule judge the physician by what they think they know themselves and if they knew more it would frequently be better for the profession. Of course they cannot understand pathology, but they might be taught something of the general history of medicine and the progress it has made. If they could understand only a small part of the advance made during the past quarter of a century the standing of the profession would be much higher. They cannot understand why so formidable a disease as appendicitis should have been sprung upon the people only in recent years, and so with many other things. They might be taught the effect of surroundings and different physical conditions, but they should be given to understand that it is a more accurate knowledge of the human body and its pathological conditions which has enabled us to detect conditions before unknown. Possibly there are new diseases resulting from the different conditions of our civilization, but most of them have been simply recently found.

A number of prostrations from the heat are reported from different portions of Kansas. This is something unusual at this time of year, and we can anticipate an earlier manifestation of the annual bowel troubles. With the excessive heat children are likely to suffer unless given special care.

THE Eastern Kansas medical society will meet in Leavenworth on the second Tuesday in July. A good program has been arranged. Dr. Banister has promised to operate on a case of hernia for the society, demonstrating the Bassini method.

THE physicians of Doniphan county have recently organized a county medical society. The meetings are held quarterly. Physicians outside of the county are cordially invited to meet with them at their next meeting, which will be held at Eagle Springs July 2.

DR. J. W. DONALDSON, who has been some time afflicted with spinal trouble, is confined to his bed.

DR. J. D. GRIFFITH, of Kansas City, Mo., was elected president of the National Association of Military Surgeons of the United States, which recently met at Columbus, Ohio. He is the first president to be elected outside the ranks of the United States army.

Malarial Manifestations in the Upper Air Passages.

Hanau W. Loeb, A.M., M.D., St. Louis, in Medical Review.

In the great Mississippi valley, malaria is supposed to have a tremendous influence in many of the affections of the upper respiratory tract, but this supposition is based upon no weighty evidence, either clinical or pathological. Of course, a name may be serviceable to cover up a lack of knowledge; indeed, the word malarial, has been used indiscriminately in this regard to satisfy the inquisitive mind of the layman, and to indicate a plan of treatment, which though conceived in error is at least based upon a tangible expression.

Nowhere has this occurred more than in the designation of affections of the upper respiratory tract, and in ascribing causes which are assigned for affections in this region. Of late, this has been replaced by such terms as grippe and auto-intoxication, which are somewhat more expressive, if not altogether definite. However, malaria is at present a well recognized disease, with micro-organic causes, sufficiently definite to be determined and, therefore, easy to be included and excluded with reference to causation. The labors of Laveran, Celli, Marchiafava, Councilman, James and others, have pretty conclusively decided the etiology of the disease and, therefore, to declare malaria as the cause of any affection of the upper respiratory tract must carry with it proof that in those affections the protozoa of malaria are found, at least sometimes, in the course of the disease.

Some years ago, in working with Dr. James, I learned that the micro-organism of malaria was not found in those conditions which ten years ago, and even now, flourished under the name of malaria, but which do not follow the type of malaria, but rather show themselves in backache, nausea, headache, achy feelings and general disinclination to do any work. We examined the blood of such individuals and discovered no malarial protozoon present. For all such patients, quinine was interdicted, and we found that they made quite as good a recovery as when quinine was administered.

Now, while I have no scientific data to warrant me in making the statement, I feel sure that in the common run of affections of the upper respiratory tract which have been ascribed to malaria, no malarial organism will, under ordinary circumstances, be discovered. Of course, there are some few cases — and very few, in which there is a definite periodicity, in which a congestion of the nose comes on every day or every other day, or in which the pharynx becomes painful and engorged with blood, at stated periods each day, or each second day, or each third day, followed by a remission or an intermission. These are so typically malarial that it is safe to assume that the micro-organisms of malaria will be discovered in these cases.

Chappell, in the New York *Medical Journal*, narrates four cases in which malaria from the periodicity was evident, and in which the administration of quinine was followed by complete recovery. Another observer has spoken of the good results of quinine in a case of epistaxis due to malarial fever. Further than this, it is not to be denied that the nose and throat may become affected in true malarial fever, intermittent or remittent. All such cases are clearly due to the malarial poison, and are relievable by quinine. But I do object to the assumption that all, or the majority of the cases of acute or chronic affections of the upper respiratory tract have a malarial element, and that quinine is to be administered in all, or a great portion of these cases. I think the sooner the medical world arrives at this understanding, the sooner will the pernicious routine practice of prescribing quinine be replaced by a more rational method of procedure.

There may be some homeopathic reason for using quinine for acute diseases of the upper respiratory tract, for this drag produces a congestion of the parts simulating the condition to be treated, but there can certainly be no causal suggestion for its administration.

The following rules of diagnosis may be laid down for the determination of a malarial cause in any given affection of the upper respiratory tract:

1. Malarial region, seldom in cities, more frequently in the country and in the river valleys.
2. Marked periodicity.
3. Fever, with intermission or remission.
4. Symptoms disappearing and reappearing, more or less abruptly.
5. Presence of the malarial hematozoon.

In conclusion. I assert that malaria is an uncommon cause of nose and throat affections and then when it does occur, it so changes the disease, that the malarial origin is readily recognizable.

The Causation of Chloroform Syncope.

American Medico-Surgical Bulletin.

Leonard Hill, M.D., in the *British Medical Journal*, endeavors to establish the true pathological cause of chloroform syncope, and the controversion of one of the most pernicious and dangerous doctrines ever put before the medical profession. This doctrine, so long received by many with credence, is that chloroform kills by paralyzing the respiratory centre. He formulates the following conclusions:

1. Chloroform produces a primary failure of the circulating mechanism and a secondary failure of the respiratory centre. The respiratory centre fails to act not only because it is damaged by the drug, but because of the anemia of the spinal bulb produced by the fall of arterial tension. This is proved by the fact that the action of the respiratory centre can be renewed by raising the arterial tension. The depth of anesthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension.

2. Chloroform, more than any other known agent, rapidly abolishes the vascular mechanisms which compensate for the hydrostatic effect of gravity.

3. Chloroform abolishes these mechanisms by paralyzing the splanchnic vasomotor tone, and by weakening the action of the respiratory pump. When these mechanisms are totally abolished the circulation is impossible if the subject be in the feet-down position.

4. Chloroform also produces paralytic dilatation of the heart. It acts directly like amyl nitrate on the musculature of the whole vascular system.

5. There are two forms of chloroform syncope: (*a*) During primary anesthetization. The patient struggles, holds his breath, raises the intrathoracic pressure, congests his venous system, lowers his arterial tension, and finally takes deep inspiration, and surcharges his lungs with chloroform. In the first stage the left heart becomes impoverished; in the second stage it is suddenly filled with blood. This is drawn from the lungs, and is full of chloroform. The chloroform passes into the coronary arteries, and the heart is thrown into paralytic dilatation. Respiration and the pulse either cease simultaneously, or the pulse becomes respiration. (*b*) During prolonged anesthetization this arises from gradually giving chloroform to too great an extent. The arterial pressure falls lower and lower, and, secondarily, the respiration ceases because of the anemia of the spinal bulb. The heart is not in this case paralyzed by chloroform, because the drug is taken in gradually by the shallow respirations, and distributed slowly.

6. Artificial respiration and the assumption of the horizontal position, if applied in time, will always resucitate a patient from the second form of syncope.

7. Artificial respiration, established with the patient in the horizontal posture, is also the treatment indicated in the first form of syncope; the heart should be rhythmically compressed by squeezing the thorax. If this does not quickly renew the pulse, the pa-

tient should be put into the vertical feet-down posture. The dilated right heart is thereby completely and easily emptied of blood. Artificial respiration is maintained during this manoeuvre, and the patient is brought once more into the horizontal posture. By rythmic compression of the chest an efficient circulation is maintained through the coronary arteries; by first emptying and then filling the heart a fresh supply of blood is brought into that organ. If this does not prove successful on the first trial it can be repeated.

8. Inversion, that is, placing the subject in the feet-up position or compression of the abdomen will increase the paralytic dilatation of the heart. In this kind of syncope both these forms of treatment are worse than useless.

9. In the condition of shock or emotional fear the compensatory mechanism for the effect of gravity is almost abolished, and chloroform may easily be the last straw to completely paralyze the circulation.

10. Vagus inhibition of the heart is of no importance as an agent in the production of chloroform syncope.

11. Ether is in every respect a far safer anesthetic than chloroform. According to Ringer's experiments on the heart, ether is fifty times less dangerous than chloroform.

12. With the practical conclusion of the Hyderbad Commission that the chloroform inhaler should be removed during the struggling of the patient or when the respiration is of the irregular depth, the author is in absolute agreement, but he considers their interpretation of their own experiments and tracings concerning the origin of chloroform syncope to be mistaken.

Not only the work of all physiologists, but also the tracings of the commission, when rightly interpreted, prove that paralysis of the circulatory mechanism, and not of the respiratory centre, is to be dreaded by the anesthetist.

DR. J. L. WORK has located at Dunavant, Kansas, and reports a good prospect for business.

The Public and Street Cleaning.

The Public Health Journal.

New York will always have dirty streets, no matter whether republican or democratic, reformer or Tammany Hall politician controls the street cleaning department, so long as the public is careless, slatternly and indifferent in its habits. Outside of this, there is the other cause of dirty streets. as we have so strenuously maintained, that is, the failure to keep the streets well watered, especially when the cleaning-up process is going on. But sprinkling or no sprinkling, the people must do their part in keeping the streets clean. We Americans take up this matter, as we take up nearly everything, at the wrong end. "It is the duty of the street cleaning department," we say, "to keep the streets clean." But we do not really mean that. What we do mean, as our actions prove, is that the street cleaning department shall follow at the heels of all the makers and distributors of dirt and rubbish, and clean up after them. If we should once put the department in its proper place as a preventer of rubbish-making, we would see our streets much less dirty. Orderliness is the first requisite in managing the public in this direction. With our careless, laissez faire ways there is an air of slouchiness all over the city that should not be tolerated for an instant. In many streets carts, trucks or carriages stand day and night upon public property. The neighborhood of markets and manufactories is thickly littered with waste materials, for a large part of the work that should be done within doors is done upon the sidewalks, or so near them that the opportunities for disposing of rubbish at the public expense are not easily ignored. In the neighborhood of Washington Market, where fruit and vegetable dealers abound, portions of boxes, fruit skins, decayed fruit and vegetables, and the papers in which fruit has been wrapped, are thrown into the streets as a matter of course. Builders encumber the streets with mortar, lime, plaster, bricks, sand, etc., etc., all of which helps to increase the general dirti-

ness of the city. Carpentering, coopering, and a host of other trades and occupations invoiving more or less litter, are carried on upon the sidewalks, and the resulting conglomeration of sticks, paper, rags, straw, etc., is swept into the gutters. These odds and ends are ground to powder and distributed through all the streets. whence, by reason of the order of bicyclers against street watering, a large proportion of them are borne by the wind, together with other disease-breeding or disease-encouraging matter, into our houses, where we are compelled to breath them against our wills. The part of these odds and ends that remain in the streets—the result of the public's own uncleanly habits—constitute the greater part of the dirt which we compel the street cleaning department, with a vast expenditure of money to remove. When we stop to think for a moment, how absurd it all seems. If we seriously object to dirty streets, as we pretend to do, why, in the name of common sense, do we permit people to make them dirty? Clear all the idle trucks and other obstacles out of the public thoroughfares and allow no one to make use of streets or sidewalks for business purposes, then enact a law to compel tenants or owners of property to keep the space in front of their property clean to the middle of the street.

The Abuse of Medical Charity.

The Philadelphia Polyclinic.

There are many phases, too many phases, of what is commonly termed the "dispensary abuse," and even with all these the list of the abuses of medical charity is but begun. To say nothing of well-to-do persons who habitually and systematically neglect to pay their physician at all, how very many there are who do not scruple to ask the "doctor" to cut down his bill, or to accept a lower rate of compensation than his usual fee, but who would be horrified at the very thought that, in so doing, they asked for "charity." Yet that it is, neither more nor less. Every practising physician, too, must have had many letters written to him by "charitable" men and women, some of his acquaintance, some of them unknown to him even by name, asking him to forbear rendering a bill to such and such a person, who has asked for and received time-consuming attention, with no hint of other than the ordinary business relation. One does not object to giving his services to the deserving, but he should, at least, have the option of determining for himself, whether or not he will undertake a given case as an act of charity. And then the letters of introduction from clergymen and philanthropists, and the glow of self-satisfied benevolence, with which many of these letter-writers regard themselves, because of the generous response to their appeals!

A peculiarly annoying circumstance is when one has given his time and skill to the service of one unable to pay, to have friends call and ask whether a "change of climate" will not be beneficial—the chances being that it is unnecessary—because a purse has been raised to send the patient away. The answer that it would be better to raise a purse to buy food and pay the doctor, would be looked upon as churlish, to say the least; yet it would in most cases be literally true. Friends and relatives of the sick will contribute generously for any and every purpose—except to pay for medical attendance; and this, too, when the relatives and friends are wealthy.

An amusing instance, however, of the willingness of a rich man to pay for medical services to his poor son-in-law, came under our notice recenty. It illustrates not alone the exception, but the rule as well. The son-in-law had carcinoma of the esophagus pressing upon the larynx, and causing paralysis of the vocal bands. The loss of voice was, to him, the chief complaint. He was sent from the interior of Pennsylvania to Philadelphia for admission to a hospital as a free patient. The physician to whom the patient was directed sent the man to his preceptor, by universal consent the most eminent laryngologist of America. The last named physician called in consultation one of his surgical colleagues, likewise of international reputation, and, after a

further consultation with a distinguished professor of medicine, it was decided that gastrostomy, as a palliative procedure, was the only possibility. The patient declined the operation.

Some time later a clergymen called upon the laryngologist, under whose care the patient remained in the hospital, and said that he had been sent from a neighboring city by the patient's father-in-law to see "if something more could not be done" in the case. The situation was fully explained, and the names of the physician and surgeon consulted were mentioned. "Yes," said the clergyman, "but isn't there some doctor in the city who understands these cases? The father-in-law is rich—he will pay any price asked for a first-class opinion—can't you send outside of the hospital for a man who knows what to do!" A suggestion that the rich father-in-law should pay for the patient's board at the hospital was duly resented.

The abuses we have mentioned and the many more we have refrained from mentioning are real. But what is one to do? The remedy is not apparent. One does not wish to degrade his profession to the level of a business; he does not wish to appear, much less to be, grasping or hard-hearted; he does not wish to deny his aid to the suffering. How can he escape both Scylla and Charybdis? We shall be glad to hear from our readers on the subject.

The dispensary abuse may perhaps be more amendable to treatment. In so far as it effects the Philadelphia Polyclinic Hospital it is under consideration by a committee of the trustees and faculty, and the course of action determined upon will in due time be made public as a contribution to the discussion and practical handling of the problem. On this phase of the matter likewise, we shall be glad to receive letters not too long.

Digestion versus Drugs.

Medical Record.

Dr. Samuel A. Fisk, of Denver, Col., in a paper with this title, gave prominence to the use of "food and fresh air" in the treatment of the two most serious troubles which affect mankind, insanity and pulmonary tuberculosis, and in contrast called attention to the mass of drugs vaunted in medical publications and out of them for the cure of all diseases. He questioned whether we had advanced at all on the simplicity of "food and fresh air." He admitted that the profession was somewhat to blame for this, and cited the case of a patient who was getting by actual count eighteen different remedies in the course of twenty-four hours; also of another patient who was receiving hypodermic injections and other treatment addressed to the bacilli. Both patients had brown and furred tongue, loss of appetite, constipation, scanty and high-colored urine; both were improved by the administration of a little calomel, and attention to the details of indigestion, assimilation, egestion, food and fresh air.

Dr. Fisk remarked that the bacillus had assumed such monstrous proportions in our eyes that it must be hunted and killed at any cost. He said that it had been remarked that more patients had been killed with antipyrin than had died with the grippe, and that he sometimes wondered whether the same thing could not be said of creosote and tuberculosis. His own experience has not been favorable to the use of creosote, and it is his custom to substitute calomel and potash. The speaker said that he had seen patients with consolidation, night-sweats, constant cough, and profuse expectoration, accompanied by loss of strength and flesh, and it might be with hemorrhages, do admirably because they could eat, digest and sleep, whereas he had seen others similarly affected go down rapidly because they could not eat, or digest what they had eaten, or sleep. He cited two cases representing this difference: one subject could neither eat nor sleep, and ran down rapidly; the other had an excellent appetite, and made such an improvement that in a month's time he gained five pounds, the pulse had fallen from 122 to to 106, and the temperature from 103° to 100.4° F., with cough and expectoration decidedly diminished, his chest drier, and

his strength greatly improved. He had been given no creosote or other drug to destroy the bacillus, but his digestion had been fostered. The speaker also called attention to the care which must be taken not to tax too severely the digestive powers. He spoke of such affections as chronic bronchitis, asthma, fibroid conditions and emphysema, in which the patient was apt to become bilious, and in which the digestion had to be carefully watched, and advised a good dose of calomel. In cases of hemorrhage, accompanied by constipation and high-colored urine, he had used catharsis and diuresis with good effect. The point which Dr. Fisk made was that the digestion is the *piece de resistance* in the treatment of pulmonary disease, to be fostered and protected at all hazards, and not to be sacrificed for any desire to destroy that arch enemy, the bacillus.

Some Personal Observation upon the Effects of Changes of Climate upon Men and Animals.

Medical Record.

Dr. Richard Cole Newton, in a paper with this title, remarked that "ability to meet the environment" had been defined as "the condition of leadership," and said without doubt it was also the condition of health. He doubted whether the full comprehensiveness of these terms was fully appreciated, and considered that climate, from a therapeutic standpoint at least, should be defined to mean a man's environment. He considered the great need at the present moment in the study of climatology to be the study of individual cases, and more ascertained and established facts in relation to the action of climatic changes upon people or animals. From a surgical aspect he considered the virtues of the aseptic climate of the Rocky Mountains and their foothills too well known to require any detailed testimony, wounds always doing well. He had seen a knee-joint opened and a floating cartilage fished out without aseptic precaution or antiseptic treatment, and the man was entirely well in two or three days. He referred to the beneficial action of the climate of New Mexico on consumption and on wounds alike. He cited the instance of a young Indian returning from the Carlisle school, dying of consumption, and thought it would appear that phthisis was not an infrequent result of the higher education among the red men as well as among the palefaces, and that we too often lost sight of the fact that phthisis was especially the disease that cut off those who had given up a roving or outdoor life for a stationary or confined existence, and stated that the moving about, even to less salubrious climates, appeared to prevent the onset of this malady. He said that it had been pointed out that the animals in a traveling menagerie were much healthier than those in a zoological garden, and that reference had been made to the remarkable healthiness of gypsy children. He also referred to the fact that man had been so long a wanderer on the face of the earth, shifting his quarters to hunt for food, escape from or pursue his enemies, and was so stamped with this nomadic tendency, that it showed itself at times in this craving for change of air, and said that now, like the caged animals in the museum, the Indians were beginning to die of tuberculosis. The paper gave the following conclusions:

1. That the change of climate from the Rocky Mountains to the seaboard is more severe and dangerous than the reverse, especially to young children and horses.

2. That a medium or even a high altitude is beneficial rather than otherwise to nervous diseases and the diseases of women, as well as to phthisis, and is not unfavorable to rheumatism.

3. That in the climate of northern Texas and New Mexico nephritis in all forms is exceedingly rare, while aneurism is somewhat common in the latter territory.

4. That wounds do remarkably well in all parts of the Southwest.

5. That the ideally wholesome and satisfactory life is a nomadic one.

6. That change of climate does not bring change of disposition or, for that matter, of

predisposition. Precious and even invaluable as change of climate often is in a number of diseased conditions, it is not always what is most needed.

He suggested contentment with smaller doses of climate, and that they be supplemented with larger doses of hygiene, both moral and physical.

The Nature of the Xanthomata.

By Dr. S. Politzer in New York Medical Record.

The peculiar yellow plaques and nodules in the skin known as xanthoma have been the subject of extensive studies on the part of pathologists and dermatologists, ever since they were first described by Addison and Gull in 1850. The greatest diversity of opinion exists as to their nature. This is due probably in part to the fact that different authors have examined different stages of the disease, and in part to the fact that the different forms of xanthoma have been assumed to be merely different clinical manifestations of the same process. The author's histological studies are based on thirteen cases—five of them cases of xanthoma, planum palpebrarum, four of xanthoma tuberosum, and four of xanthoma diabeticorum. The clinical grounds for separating xanthoma of the eye-lids from multiple xanthoma are as follows; The nodules of xanthoma multiplex are firm, round, elevated papules; the patches of eyelid xanthoma are soft plaques in the level of the skin. Eyelid xanthoma persists through life; multiple xanthoma sooner or later undergoes involution. Eyelid xanthoma is quite common; multiple xanthoma is extremely rare. If the eyelids were in this preponderating degree of predilection for a common xanthoma, we should expect to find the eyelids affected in every case of multiple xanthoma; but, as a matter of fact, the two forms are rarely associated in the same individual. With the extensive material at his command the author has been able to show that common eyelid xanthoma is not a new growth, but is due to a degeneration of pre-existing, embryonally misplaced muscle tissue. The so-called xanthoma cell is a fragmented muscle fibre in a state of granulo-fatty degeneration, with proliferation of the muscle-cell nuclei. The various stages of the change from normal muscle fibre to "xanthoma cell" were demonstrated in sections under the microscope, drawings made by Dr. Ira Van Gieson, and microphotographs. This explanation of the origin of eyelid xanthoma harmonizes with a number of hitherto unexplained clinical and pathological facts, *e.g.*, the absence of any clinical signs of tumor; its almost exclusive occurence in the face, where peculiar muscular conditions prevail; its heredity; its usual development after middle age, when degenerative processes are apt to occur; the peculiar yellow pigment that is always present in muscles undergoing fatty degeneration, etc. The structure of multiple xanthoma is shown to be wholly different from that of eyelid xanthoma. It forms a sharply circumscribed tumor in the cutis, It is an irritative hyperplastic development of connective tissue, whose cells produce fibrous tissue on the one hand, or undergo fatty degeneration on the other. In diabetic xanthoma the process is a little more diffuse and the tendency toward fatty degeneration more marked than in the non-diabetic multiple xanthoma. In both, irregular patches of granulo-fatty matter, interspersed with cellular detritus, occur in the middle of the nodules as the results of the fatty degeneration of the cells. In over eighty-five per cent. of the recorded cases of multiple xanthoma, far too large a number to be accounted a mere chance, there was either diabetes or some severe lesion of the liver with jaundice. The author thinks it likely that further research may show that the fibrous nodes and fusiform enlargements of tendons in chronic rheumatism are to be placed in the same general class as the nodels of xanthoma. We should then have a large group of diseases, hepatic, diabetic, rheumatic, all characterized by toxamic conditions, in all of which irritative connective tissue lesions occur in the skin and elsewhere. At one end of this series we should have the persistent fibrous node of rheuma-

tism; at the other, the transient nodules of diabetic xanthoma, while between them, intermediate in its tendency toward the formation of fibrous tissue and fatty degeneration, ultimately undergoing involution, would stand the nodule of common multiple xanthoma.

Book Notices.

HYSTERIA AND CERTAIN ALLIED CONDITIONS BY GEORGIA J. PRESTON, M.D., Published by P. Blakiston, Son & Co.: Price $2.00.

The author assumes that hysteria is an affection of the higher brain centers, the temporary loss of protoplasm. As a consequence of the involvement of these higher centers voluntary movements are interfered with, sometimes evidenced by muscular movements; the percipient or recipient function of these same centers is involved, and the result is disturbance of sensation, either an excessive sensibility or anesthesia. The irregular mental action, the instability, emotional disturbance to entire want of self-control, the profound changes in the character of the individual, all point to a more or less serious involvement of the higher brain centers. The modern conception of the neurons has suggested an explanation of the phenomena observed in the mental condition in hysteria. In reference to treatment the author uses drugs simply as a basis to carry out suggestive treatment. The disease being mental, he considers the treatment should be mental as well. The book is up to the latest thought, and should be read by all physicians who are engaged in the treatment of this class of patients. We cheerfully recommend this book to the profession.

It Has No Rival.

At the meeting of the American Medical Association, held at Washington, D. C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows:

"I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septicæmia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used antikamnia in ten-grain doses, with the happiest effects."

A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

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